MONEY TRANSMITTER BOND Rev. 7/06	
Bond Number	Effective Date
	STATE OF NEW HAMPSHIRE BANKING DEPARTMENT
KNOW ALL MEN BY THESE PRESENTS	(Name of Applicant or Licensee)
of	(Name of Applicant or Licensee) AS PRINCIPAL AND
a corporation or other legally formed entity business in the State of New Hampshire, As Hampshire for the use and benefit of the St sum of one hundred thousand dollars (\$100	
SEALED WITH our seals and dated this	day of, 20
THE CONDITIONS OF THE ABOVE OBL	LIGATION ARE SUCH THAT:
Statutes Annotated 399-G from and after the periods, or until cancelled, and required to fa	has applied for a license as a money transmitter under the provisions of New Hampshire Revised the date hereof for the license period and continuous during the licensing period, including renewal raithfully comply with any and all provisions of NH RSA 399-G, as now or hereafter amended, and all ded or hereafter to be issued by the Bank Commissioner of the State of New Hampshire; and
rule or order requires, by any person who	reon by any person who has a cause of action under RSA 399-G and, if the Bank Commissioner by has a cause of action not arising under the chapter. This bond provides that no suit may be and unless brought within 6 years after the transaction or other act upon which it is based.
Should the Surety wish to effect cancellation 20 day period shall commence from the date	in full force and remain in effect during the period of license of the Principal or until cancelled. in, 20 days' notice must be given to the Bank Commissioner. Such notice shall be in writing and the e the notice is received by the Bank Commissioner. The suspension or revocation of the license of therwise impair any obligation of the Surety under this bond.
-	acting by and through its duly authorized officers, has hereunto set its hand and seal and the said

NOTE: Any applicable resolutions authorizing the execution of this bond shall be attached. If this bond has been subscribed to an "attorney-infact", there must be attached a "Power of Attorney".

\_\_ (Seal)

(Name of Surety)

(Name and Official Position)

(Counter-Signature by NH licensed Representative of the Insurer)

\_\_ (Seal)

(Name of Applicant or Licensee)

(Name and Official Position)

BY